

Dysentery

An

Essay

on

Dysentery

By

Jones Christian

admitted March 12, 1821

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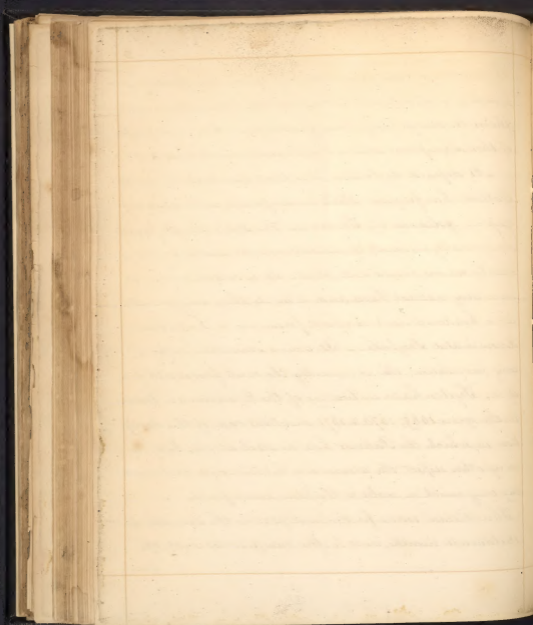
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Dysentery at the present day is a disease, the History of which is so well known to every one, that it would be superfluous to attempt any thing farther here, than a description of those Symptoms which most usually characterise it.

As defined, by Cullen, it is that disease, in which the Patient has frequent stools accompanied with much griping, followed by Tenesmus. The stools though frequent, are generally in small quantities, and the matter voided is chiefly mucus, mixed with blood. It is seldom we can discover any natural Faeces, and if we do, they are generally in a hardened and compact form, which have been denominated Scybala. - It occurs sometimes without any evacuation, this is generally the most formidable form of it. Sydenham in treating of the Epidemics in London in the years 1669, 1670, & 1671, mentions cases of this description, in which the Patients had no stools at all; but in every other respect the disease was highly acute, and exceeding very much in violence the more usual forms.

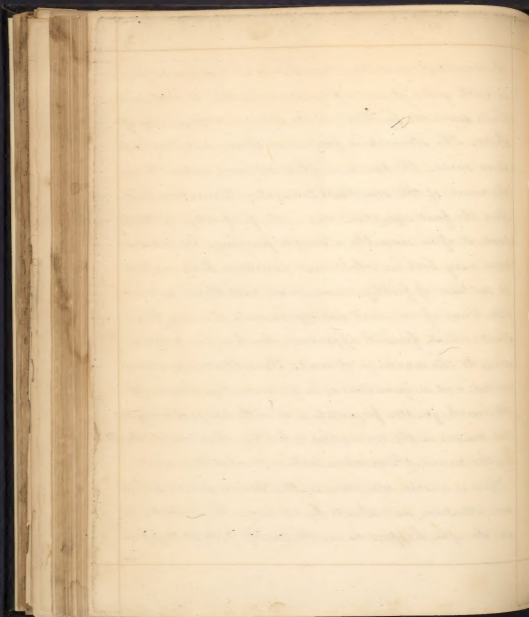
This disease occurs for the most part in the Summer and Autumnal months, and is often complicated with the

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Intermittent and Remittent Fevers. It begins most frequently with gripings and a frequent inclination to stool; with Chills succeeded by Heat in the skin; and a frequency of Pulse. The stomach is foul and bilious; vomitings sometimes ensue. The bowels are flatulent and costive, though the reverse of this sometimes takes place, Diarrhoea being often the first symptom; and in the first stage of the attack, it often resembles a simple purging. The evacuations vary both in colour and consistence, being composed at one time of frothy mucus, mixed with blood; and at other times of an acid watery humour, of a very fetid smell; which, from its appearance has been compared by some, to the washings of meat. Pure blood is sometimes voided, and in quantities so large, amounting almost to Hemorrhage. We frequently meet with lumps of coagulated mucus in the evacuations, exhibiting that disease known by the name of *Dysentery Alba* or *Morbus Mucosus*.

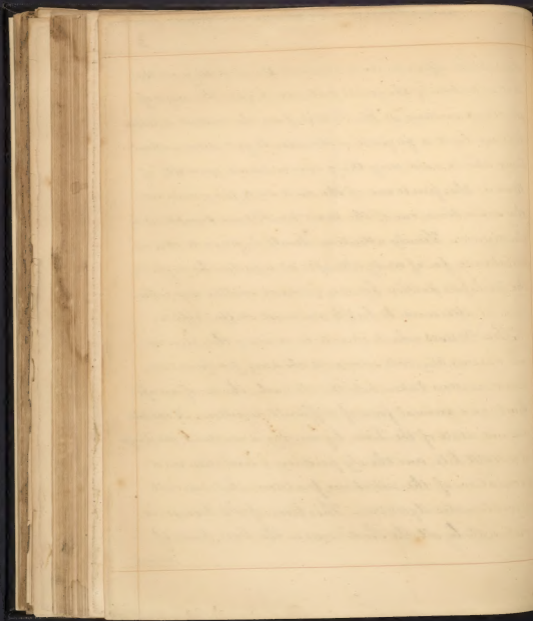
There is another symptom in this disease which solicits our attention, and should by no means be overlooked by us. It often happens during the progress of dysentery, from



the violent efforts made to evacuate the irritating matter, that a portion of the gut is protruded beyond the verge of the Anus, exciting, in the Patient, from the constant irritation kept up by it, a frequent inclination to go to stool, without being able to void any thing, save a small quantity of Mucus; this proves one of the most distressing, and at the same time, one of the most troublesome symptoms in the disease. Timely attention should be paid to this circumstance, for if early attempts at reduction be neglected, the prolapsed portion becomes so much swollen and inflamed, as afterwards to baffle our most skillful efforts.

The Causes which operate in exciting this disease are various, *Viz.* Cold, suddenly checking perspiration, acid matters taken into the stomach, the use of aniseed fruit, and animal food of difficult digestion. A chronic diseased state of the Liver, by causing a constant discharge of vitiated bile, and thereby producing irritation and excitation of the intestines, produces what we call symptomatic dysentery. This form of the disease is met with by all the Practitioners in the lower part of

Virginia



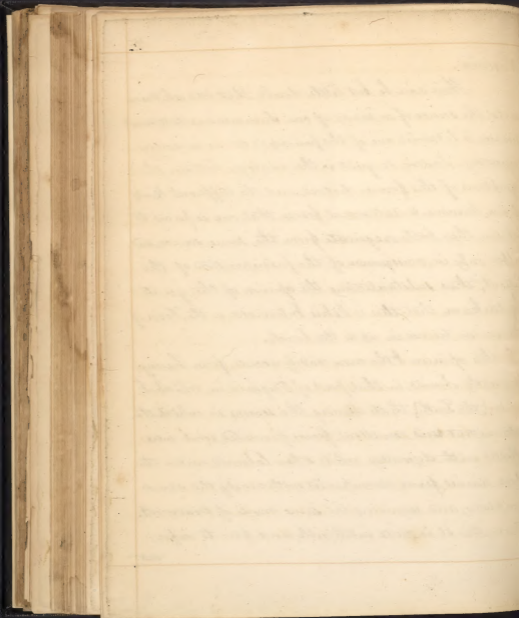
Virginia.

There can be but little doubt, that Marsh Miasmata, the source of so many of our Summer and Autumnal diseases, is likewise one of the principal causes inducing dysentery. Indeed, so great is the analogy between the symptoms of this former disease, and the different kinds of our Summer & Autumnal fevers, that one is forced to believe, they both originate from the same source, and differ only in consequence of the predisposition of the Patient; thus substantiating the opinion of the great Sydenham, that this is *Febris Introversa*, or the Fever of the season turned in upon the bowels.

To this opinion I the more readily accede, from having frequently observed in that part of Virginia in which I reside {the South} that during the seasons in which the intermittent and remittent fevers prevailed, some were affected with dysentery, while others laboured under the above named fever, accompanied with nearly the same symptoms, and requiring the same mode of treatment.

From this it is quite intelligible and fair to infer,

that



that dysentery depends upon the same remote causes as the intermittent and remittent fevers; though it may appear in any season of the year in hot climates, in consequence of perspiration being suddenly checked, from the exposure of the body after being heated, to the damp and chilling effects of cold winds.

Another cause of dysentery has been imputed to contagion. It has been stated by Cullen that this disease often arises from the application of cold, but is always contagious, and by the propagation of such contagion, independent of cold, or other exciting causes, it becomes epidemic in Camps and other places. It is therefore to be doubted (continues the author) if the application of cold does ever produce the disease, unless where the specific contagion has been previously received into the body: and upon the whole, it is probable, that a specific contagion is to be considered as always the remote cause of this disease. To attempt to argue against this statement of Cullen, would lead us into a discussion too prolix for our present design; therefore inasmuch as we believe the medical opinion



in this country is pretty well confirmed in the belief of the non-contagious character of dysentery, we will avoid saying any thing by the way of refutation. Believing that the disease, if ever contagious is so, when it assumes the Typhoid Type, and never infectious of itself.

It is urged by an ^{*}author, whose experience has not been limited on this subject, that dysentery is infectious or not, according to circumstances. It is his opinion, that this disease, without possessing of itself any real malignancy, may become truly pestilential in foul and crowded Hospitals, and of consequence so much the more infectious. It is on this account, he states that dysentery is so common and mortal in the field. "That there is some foundation for this opinion, we are inclined to believe, from this well known circumstance; that if Troops infected with Dysentery be kept any length of time in one situation, more particularly the one in which it originates, they will keep up the havoc of the disease among them; whereas, on the removal of the Camp, it will almost immediately be arrested. Hence the great utility of exercising armies this circumstance, and

* Zimmerman



the necessity of a proper and strict regard to cleanliness.

These are the various causes which have been assigned as giving origin to Dysentery. Whether all of them be true causes, we cannot say; but we believe, with the exception of contagion, they all contribute more or less to its production.

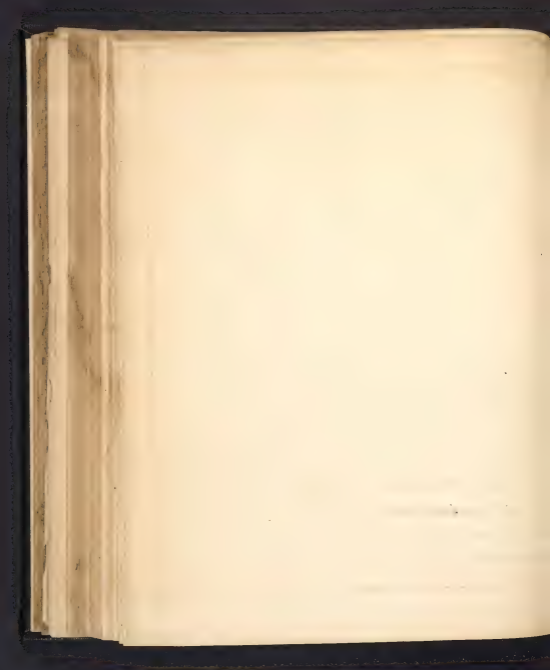
Prognosis. When the inflammatory symptoms run very high, there is much loss of strength with an involuntary discharge; or when there is a great degree of pain, and some griping with Tenesmus, the evacuations fœtid, the abdomen tense and hard, cold clammy sweats break out on the body, coldness of the extremities, weak tremulous pulse, with aphthæ, petechiæ, and singultus, the disease may be regarded as very dangerous. But on the contrary, when the inflammatory symptoms are moderate, when an aqueable mæmbrane is diffused over the body, producing a gentle and universal perspiration, the pyrexia mild, the evacuations becoming less frequent, and assuming more of their natural appearance and consistence, and a gradual diminution of the griping & Tenesmus; the disease may be considered as a mild one, and may by proper management be easily & speedily cured.



This disease is very obnoxious to relapses either from exposure to cold, wet or fatigue, or from some irregularity in diet; therefore a Patient recovering from it, should observe proper precautions, and not expose himself to the inclemencies of the weather, or commit any errors in diet.

It may be possible in the first stage of Dysentery to confound it with Diarrhoea; though it may be distinguished by the latter disease being generally unaccompanied with fever, and free from Tenesmus, and the appearance of the stools being more of a natural and proper consistency; in fine, the symptoms in Diarrhoea are much milder, & much less menacing in their effects, devoid of that oppression of strength & pain in the abdomen which characterises Dysentery.

Upon dissection, the following morbid appearances present themselves. The internal coat of the Intestines, bear very evidently the marks of inflammation, more particularly the Colon and Rectum. There are likewise often ulcerations, erosions, contractions, ~~scirrhosities~~ and gangrene. The large intestines are sometimes of a blackish colour and have a livid appearance, and the coats are sometimes found very much
thickened



thickened.

Doctor Hunter in his observations on the diseases of the Army in Jamaica, states, that upon dissecting those bodies that die of dysentery, the Bowels, upon a first view appeared irregularly contracted, and reddish then natural at the contracted part. Upon a nearer inspection, by cutting out portions of the gut, and examining the internal coats, the appearance of the disease became more evident. He there discovered small Tubercles, like Pustules, sometimes in a smaller, & sometimes in a larger quantity, and these he discovered at different stages of the disease; the same subject frequently furnishing in different portions of the gut, examples of the several stages. Their progress appeared to be nearly as follows; there was first a small round tubercle of a reddish colour, and not more than one tenth of an inch in diameter; it increased gradually until it became nearly a quarter of an inch in diameter, & became paler as it grew larger. In this stage there appeared a small crack on the top, with a slight depression, which gradually increased; and on examining the contents of the little tumour, he discovered them to

consist



consist of a cheese-like substance. Sometimes they appear like small eating ulcers in the gut, presenting from the prominence of its edges, an appearance of a lop of substance or, as if the villous coat were entirely removed.

Similar appearances presented themselves to Dr. Donald, Monro, and also to Mr. Glasp, surgeon to the East-India Company.

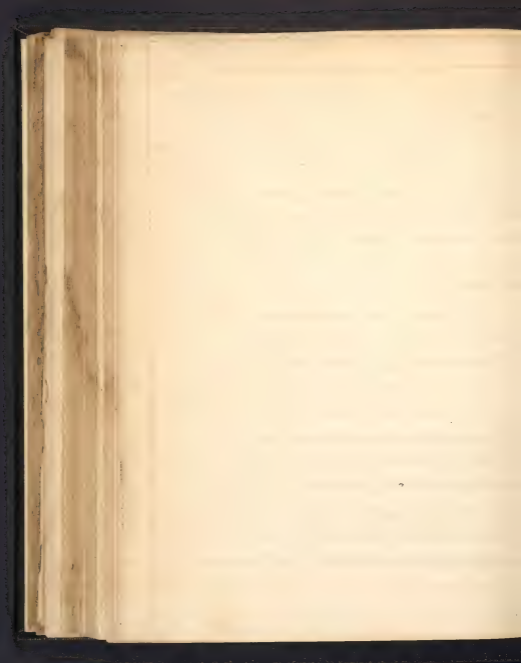
Treatment. As Dysentery is an inflammatory affection, we should commence with means necessary to subdue action. To fulfil this indication, there is no remedy more to be relied on in the first instance than N.S. This mode of treatment in inflammatory Dysentery, has the sanction of some of the ablest authority. It was practised by Sydenham and by Keekham, both of whom had a large experience in the disease, and no doubt practised with equal success. Monro found it in the English Armies in Germany, the sheet-anchor as it were, of in alleviating and curing this disorder; and Pringle who has had no small experience in Dysentery, lays it down as a general maxim, that when the disease is accompanied with Plethra and inflammation, blood-letting is indispensable. Yet it has
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been urged by some authors (Thomas) that, unless the inflamm-
-atory symptoms run very high, we should by no means
have recourse to bleeding; and even here he warrants a small
quantity only to be taken away. But this is not the prac-
-tice to be followed in our forms of dysentery. Inasmuch as
we believe the Pathology of this disease to be nearly similar
to that of Enteritis or Gastritis, and requiring in some man-
-ner the same mode of treatment to subdue the inflamma-
-tion, this remedy should be early resorted to and freely used,
in order to overcome at once vascular action, & to remove
the morbid irritation and spasm attending it.

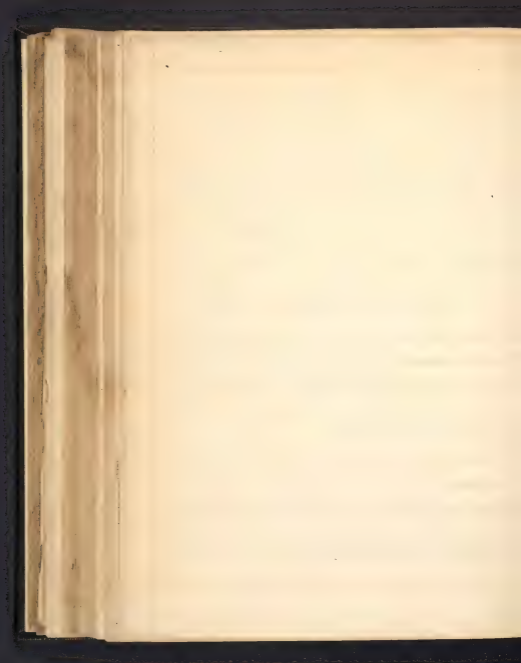
There is in this, as in most febrile affections, a con-
-striction or unhealthy action on the surface of the body; to
remove which, & to restore the skin to its healthy functions,
N.S. proves one of the most useful means.

Having prescribed N.S. our next object is to evacuate
the Alimentary canal, by Emetics and Purges. As there
has been some controversy as respects the choice of these
medicines first to be employed, it may here be observed,
that, we should be alone influenced by the circumstances



of the case. Thus, if we employ Emetics in the first instance, they should be administered in those cases, in which the stomach is loaded with bile, and other irritating matter; creating thereby much nausea and vomiting. To effect which purpose, should an Emetic be given alone, the Tartarised Antimony is to be preferred. If in combination as is sometimes the practice, we should give it in solution with Glauber's Salts, the usual effects of which, are free and copious evacuation of the alimentary canal; and at the same time it determines to the surface, and aids in restoring to the skin its healthy action. It was the practice of Pringle to combine a grain or two of Tartar Emetic with a scruple of Ipecacuanha; by which means, without at all diminishing the qualities of the root, as an Emetic, the medicine became more purgative, and more effectual in evacuating the bile. —

It was the opinion of Pringle, that these medicines constituted the chief part in the cure of Dyspepsia; but save the circumstances of a foul and loaded stomach, which I must confess is sometimes very frequently met with in our Southern climates. I believe that Emetics are of minor importance when



compared to the more powerful effects derived from Cathartics. Therefore in the commencement of the course of an inflammatory Type, we should, *viz.* having to some extent debilitated blood, have recourse to Cathartic Medicines.

As in Purgatives, so likewise in Cathartics, there has been much dispute as respects the kind of Medicine to be employed. The Castor Oil, and the Bitter purging Salts have been selected by some for this purpose, upon the principle, that they ~~are~~ were least stimulating & agreed better with the Stomach.

That some of these Salts will, in some cases, remain on the stomach, when almost all other medicines have failed, cannot be denied. Yet notwithstanding this advantage, we cannot believe the Salts are so well suited to our forms of Dysentery, as the Mercurials, when the Bowels are loaded with vitiated matter, demanding some more effectual medicine than the Salts or Oil, to purge and cleanse the intestines of their foul and irritating contents. To accomplish this, nothing is superior to Calomel given alone, or combined with Rhubarb or Salap. Richter, in his medical and surgical observations, published in 1793, affirms, that no purgative
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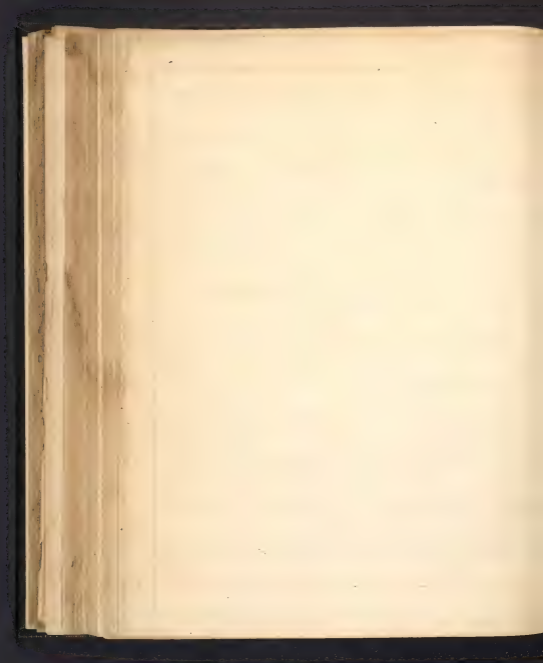
operates so powerfully, and, at the same time so gently as Calomel.

Dr. Sydenham, Calomel in combination with Opium, has been recommended as being the most effectual of all other remedies; given in the portions of six or eight grains, Cal: with one of Opium at bed time, it produces the happiest effects. The Opium relieves the pain, while the Calomel usually occasions five evacuations the next morning, thereby removing those very distressing symptoms, arising from the frequent & ineffectual efforts to evacuate the bowels.

Having pursued this course, should it be deemed necessary to recur to purging, we may then with much propriety resort to the Salts and Oil.

The Opium Salts have been preferred, though the Oil, when properly prepared, and free from rancidity, is found to be an excellent purge. It is possessed of an anodyne quality, frequently easing the pains and gripes as soon as taken, and seldom fails, when it agrees with the stomach, to procure copious evacuations.

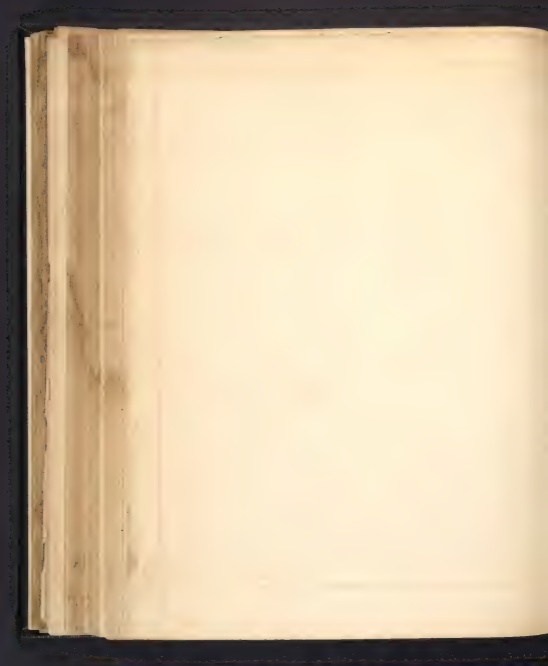
The Purgatives must be repeated daily, as long as
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the disease continues violent, or until the feces assume a more natural appearance.

Should the medicines linger, or be retarded, we must administer laxative injections, until their operation be promoted.

Having employed the above means, we next turn our attention to the Diaphoretics. These are of the highest importance in the cure of Dysentery, and should, having subdued the pulse by the most active measures, be as early as possible employed. The Medicines selected for this purpose are Opium & Ipecacuanha, either alone or combined with each other. We may prescribe it in the following form, Opium four grains; Calomel sixteen grs. Ipecac: eight grs. to be made into eight equal pills or powders; one of which may be given every two or three hours. This is one of our best and most certain sudorifics, combining with its sweating power, the efficacy of calming the intestinal irritation, relieving the surface of the body, and gently opening the bowels. Where there is much pain, accompanied with Tormina and Tenesmus, with a constant inclination



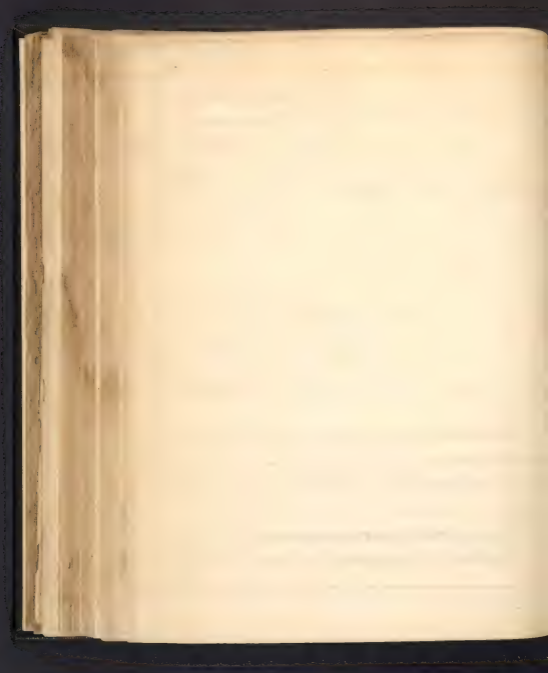
inclination to stool; or when the discharge from the Rectum amounts almost to Hemorrhage, the *Ipecac.* alone in small doses is an excellent remedy. Combined with Opium in the proportion of two grains of *Ipecac.* with one of Opium, it ^{acts as} ~~forms~~ an excellent astringent and sudorific; the purgative powers of which, should we at any time wish to restore, may always be done by adding a quarter of a grain of Tartar Emetic.

The Antimonials have been preferred by some to the last named articles. Among those who are the strongest advocates, are Sir George Baker, & Sir John Pringle.

They are used in a similar manner, & under similar circumstances, but are however not to be preferred to the *Ipecac.*

If notwithstanding all the means we have laid down, the abdomen continues tumefied, hard and sore to the touch, the application of Blisters will be found indispensable.

They are of the highest importance in this disease, and should never be overlooked by us. As in all other
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Phlegmasia, so in dysentery, Blisters form a very conspicuous part in the means of cure. They should be applied to the abdomen and extremities; but inasmuch as they are effectual in proportion as they are situated near the seat of the disease, they should be applied over the belly in preference to the extremities.

Warm fomentations have been recommended as useful. Cloths wrung out of warm water, and applied to the stomach and abdomen are an excellent remedy to allay painful and spasmodic affections, and in some degree to induce perspiration.

The warm Bath may likewise be employed with benefit, particularly in cases of children, the application of which is easy & from which results much advantage.

The Flannel Roller has been extolled as an useful aid in the cure of Dysentery. The Roller if used, should be broad and passed several times around the abdomen moderately tight. It answers the purpose of producing perspiration and giving support to the weakened intestines. This though is best suited to the chronic forms, & where
the

the patient is liable to relapses, of which it is almost a certain preventive.

When it does originate in this form, a grain or two of Ipecac: combined with a little opium, may be given several times a day, to suspend irritation, & determine to the surface. I once saw the Lino. water, taken in quantities of a tablespoonful repeatedly during the day, with exercise on Montack, attended with the best effects. A gentle Mercurial (Oxyalism) has sometimes been introduced with great benefit. There can be no doubt, but that much advantage accrues from salivation, in this disease, under the chronic form in hot climates, because of the great derangement of the Hepatic System.

On various occasions throughout the disease, mucilaginous injections will be found necessary and useful.

They may consist of Flax seed tea, of Barley water, a solution of Gum Arabic in water, or a decoction of Starch in water. And from the commencement to the close of the disease, we should give mild, diluting & mucilaginous drinks. In the latter stage, when the fever and inflammation

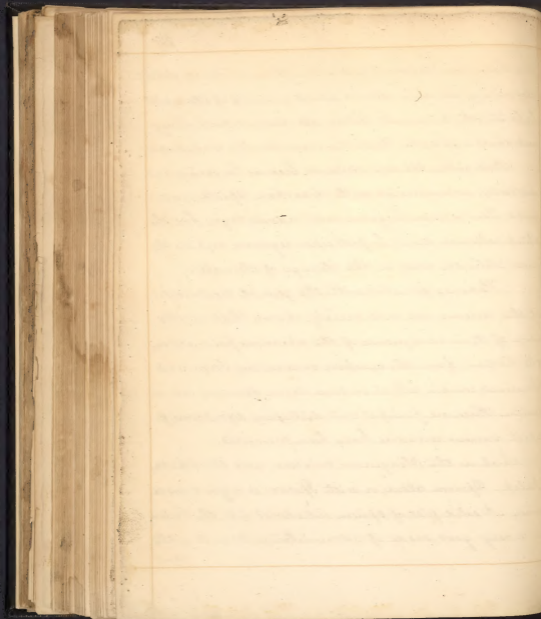


tion have been subdued, and when there is much debility remaining, we may allow a small quantity of Wine, with light Broths, & animal Jellies; all animal food being restrained until the Patient is considerably convalescent.

But when the convalescence becomes lingering, and unsteady, accompanied with diarrhoea, Opium, and mild Tonics, may be given with advantage; but the chief reliance must be put upon regimen, and in the most obstinate cases, on the change of Climate.

Having finished with the general treatment of this disease, we will merely observe, that at the close of it, in consequence of the abrasions produced in the Rectum, from the excessive evacuations; Tormina & Tenesmus remain, which in some degree demand our attention. These are painful and distressing symptoms, for which various remedies have been prescribed.

Such as the Oleaginous mixture, and the Chalk Pulep. Opium alone, or with Specac: is a good medicine. A solid pill of Opium introduced into the Rectum, is a very good mode of administering it, as it is the



least stimulating, and produces all the effects of an Anodyne injection.

But the best remedy to allay such irritation and Tenesmus, is an injection composed of a half pint of milled Bitter, free from salt and rancidity.

This should be repeated every three, or four hours, or oftener should circumstances demand it.

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